

## BUCHANAN COUNTY PLANNING & ZONING REZONING APPLICATION

OWNER INFORMATION							
Owner:			Phone:				
Mailing Address:							
City:			State:		Zip Code:		
Email Address:							
APPLICANT INFORMATION (if different)							
Applicant:			Phone:				
Mailing Address:							
City:			State:	Zip Code:			
Email Address:							
PROPERTY INFORMATION							
Site Address or Range:			City:				
Legal Description: 1/4	½ Section	Township		N	N Range	W	
Subdivision:			Lot Number:				
Parcel ID:			Area (ac):				
Current Zoning: Pr			oposed Zoning:				
ADDITIONAL REQUIREMENTS							
The undersigned is/are the owner(s) of <i>at least fifty percent</i> of the described property on this application, located in the unincorporated area of Buchanan County, Iowa, assuring that the information provided herein is true and correct. <i>Included with this application is a drawing of the property, in scale, depicting the dimensions of the property along with the size and shape of all structures, either existing or planned.</i>							
This development is subject to and shall be required to comply with all Buchanan County Code of Ordinances, policies, and standards that are in effect at the time of approval. I hereby give my consent for the office of Buchanan County Planning & Zoning to conduct a site visit and photograph the subject property.							
Owner's Signature:					Date:		
Applicant's Signature:						Date:	
FOR OFFICIAL USE ONLY							
Date Received:	Case No:			Receipt No:			

ADDITIONAL INFORMATION
Legal Description:
Current Use of Property:
Proposed Use of Property:
Describe how it can be shown that there is a recognized need for such development: